UNITED STATES DISTRICT COURT
FOR THE DISTRICT OF COLUMBIA

WILLIAM DIXON, et al.,

Plaintiffs,

v. Civil Action No. 74-285 (NHJ)

ANTHONY WILLIAMS, et al.,

Defendants.

CONSENT ORDER APPROVING AGREED EXIT CRITERIA WITH MEASUREMENT METHODOLOGY AND PERFORMANCE LEVELS

Upon consideration of the Court Monitor's advice, the agreement of the parties, and the entire record herein, the Court approves the Agreed Exit Criteria with Measurement Methodology, Performance Levels, and Operational Definitions, appended hereto.

Accordingly it is by the Court this 11th day of December 2003:

Ordered that the appended Agreed Exit Criteria with Measurement Methodology, Performance Levels, and Operational Definitions shall be and hereby are approved; and it is further

Ordered that the appended Agreed Exit Criteria with Measurement Methodology, Performance Levels, and Operational Definitions shall and hereby do amend and replace the Agreed Exit Criteria and Methodology approved as part of the May 23, 2002 Consent Order of the Court; and it is further

Ordered that, consistent with the May 23, 2002 Consent Order, the Court Monitor shall review, monitor and report to the Court, as a part of the Monitor's reports required under that Order, on the status of defendants' performance on each of the Exit Criteria, and make recommendations to the Court and the parties, to which the parties may submit objections, concerning steps that should be taken to achieve compliance with the performance levels; and it is further

Ordered that when defendants have achieved compliance with respect to the performance levels for any Exit Criterion in accordance with the appended Operational Definitions, the Court Monitor shall report to the Court that the Exit Criterion has been achieved, and active monitoring of that Exit Criterion shall cease absent the Court's entry of a contrary Order upon consideration of any objection submitted by plaintiffs; and it is further

Ordered that, notwithstanding the foregoing, the defendants shall continue to provide to the Court Monitor and to the plaintiffs until this matter is dismissed, the data used to assess defendants' performance with respect to any Exit Criterion as to which active monitoring has ceased; and it is further

Ordered that, notwithstanding the foregoing, active monitoring of any Exit Criterion may be reinstated, at the request of the plaintiffs and after an opportunity for defendants to be heard, in the event that the Court finds that defendants' performance with respect to the Exit Criterion falls substantially below the required performance level, as defined in the appended Operational Definitions, without reasonable justification; and it is further

Ordered that the case shall be dismissed with prejudice if and when (a) the Monitor submits a report affirming that the defendants have achieved compliance with all required performance levels for all of the Exit Criteria, and the Court so finds; or (b) the defendants move for an order of dismissal and demonstrate substantial compliance with all required performance levels for all of the Exit Criteria, and the Court finds, after hearing the views of the Monitor and the plaintiffs, that the case should be dismissed in the interests of justice; and it is further.

Ordered that, before the plaintiffs file any request for reinstatement of active monitoring with respect to any Exit Criteria or the defendants file any motion for an order of dismissal on the grounds of substantial compliance with all required performance levels for all of the Exit Criteria, counsel shall discuss the anticipated request or motion with opposing counsel, either in person or by telephone, in a good faith effort to determine whether there is any opposition to the relief sought and to narrow or eliminate any disagreement, and shall file with the Court, contemporaneously with such request or motion, a statement indicating that such discussion has occurred and setting forth the nature of the parties' remaining disagreement.

Norma Holloway Johnson

Norma Holloway Johnson
United States District Judge

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IN THE UNITED STATES
DISTRICT COURT FOR
THE DISTRICT OF COLUMBIA

William Dixon, et al
Plaintiffs,

v.

Anthony Williams, et al
Defendants

Civil Action
No. 74-285 (NJH/AK)

Agreed Exit Criteria with Measurement Methodology and Performance Levels

Pursuant to this Court's Order of September 21, 2001, the Court Monitor and the Parties have agreed upon specific exit criteria, data measurement methodologies, specific performance levels for each of the criteria, and operational definitions for each of the fifteen (15) criteria under #4 (System Performance). This document amends and supplements the Agreed Exit Criteria and Methodology appended to the Consent Order of May 23, 2002, and reflects the considerable experience gained in reviewing and analyzing national benchmarks and local baselines for many of the specific exit criteria. This amended approach sharpens the focus of the Exit Criteria on the specific populations to be measured and refines the general and specific methodology for measurement.

Achievement of the required performance levels will require that DMH establish the consistency, reliability and sustainability of its performance for each specific exit criterion:

1.) The DMH must demonstrate to the Court Monitor the specific applicable DMH policy and practice requirements, and document any methods utilized for verifying the degree to which relevant policy and practice is being followed by providers. The Court Monitor will analyze the acceptability of such policy and practice requirements and describe any necessary changes.

2.) The DMH must demonstrate to the Court Monitor the specific methods by which the DMH collects and verifies the integrity of the data points for each exit criterion. The Court Monitor will analyze the acceptability of such policy and practice requirements and describe any necessary changes.

3.) To ensure the sustainability of performance levels, DMH must meet the required performance levels for one full year as defined in the Operational Definitions.

EXIT CRITERIA	GENERAL METHODOLOGY FOR MEASUREMENT	REQUIRED PERFORMANCE LEVELS
1. Demonstrated Implementation and use of Functional Consumer Satisfaction	1. a. DMH will select specific consumer satisfaction method(s), and submit them to the Monitor for review and approval. b. The Monitor will review the implementation of the approved method(s).	Approval shall be based on the ability of the method(s) to provide timely, accurate and service specific information. The Monitor will assess the extent to which consumer satisfaction data is being considered and utilized as appropriate to improve the availability and quality of care

EXIT CRITERIA	GENERAL METHODOLOGY FOR MEASUREMENT	REQUIRED PERFORMANCE LEVELS
2. Demonstrated Use of Consumer Functioning Review Methods(s) as Part of the DMH Quality Improvement System for Community Services	2. a. DMH will select specific consumer functioning review method(s) to be used in the DMH quality improvement system for community services. b. The Monitor will review the use of the consumer functioning review method(s) in the DMH quality improvement system for community services.	Approval will be based on the selection and systemwide implementation of consumer functioning review methods. The Monitor will assess the extent to which consumer functioning review data is being utilized as an integral part of the DMH quality improvement system for community services.

EXIT CRITERIA	GENERAL METHODOLOGY FOR MEASUREMENT	REQUIRED PERFORMANCE LEVELS
3. Demonstrated Planning for and Delivery of Effective and Sufficient Consumer Services	3. a. Consumer services reviews shall be conducted using stratified random samples of individuals who have received services within the DMH system – with sample size sufficient to provide statistical levels of confidence. b. Annual reviews will be conducted by independent teams – one for children and youth and one for adults.	

	c. Actual data collected on individuals sampled will include a combination of: consumer and family interviews; record reviews; staff interviews; caregiver interviewers; document reviews; and analysis of data. d. The independent teams selected to perform the reviews must measure in each of the following life and service domains in order to determine the adequacy of the intervention or response: <u>Children/Youth</u> 1. Community Living: children/youth are provided sufficient support to live in their own home or a caregiver's home. 2. Life Skills: children/youth are provided programs to enhance their life skills (education, vocational training or other community living skills). 3. Health and Development: children/youth are provided access to needed health care and developmental services. 4. Treatment: diagnosis assessment, outpatient, inpatient, crisis/emergency, homeless outreach, crisis stabilization, assertive community treatment, school-based mental health services, day activities, rehabilitation, community-based intervention, intensive day treatment, community support, peer supports, medication somatic treatment and other services included in the Department's Services Plan are provided in a manner that matches the needs and preferences of the child/youth, family or caregiver and with the	DMH will receive aggregate scores of 80% for positive systems performance for the children/youth who are sampled and reviewed.

	child/youth, family members and caregivers included in the assessment and treatment planning process for each of the services listed above. 5. Family Support: the family or child's caregiver(s) are provided the training, assistance and supports necessary for them to perform essential parenting or caregiver functions. 6. Systems Capacity for Prevention and Early Intervention: children/youth are provided access to prevention and early intervention services. 7. Service System Capacity: processes are in place for implementing Department standards for continuity and coordination of care, emergent, urgent and routine response, treatment planning and other Department service-related standards. <u>Adult</u> 1. Community Living: adults are provided sufficient support to live in their own home, or in their family or caregiver's home; or are provided residential services when indicated. 2. Health: adults are provided access to health care in a timely manner and with adequate information to assure continuity between mental health and health care providers. 3. Meaningful Activity: transitional or supported employment programs, rehabilitation and day activities, referral to vocational rehabilitation services, and access to continuing education (including G.E.D. programs) will all be provided in a manner that matches the needs and	DMH will receive aggregate scores of 80% for positive systems performance for the adults who are sampled and reviewed.

	preferences of the adult and with the adult included in the assessment and treatment planning process for each of the services listed above. 4. Social Network: adults are provided access to peer support and community activities. 5. Income: adults are provided referral to benefit programs and follow-up to assure access to the full array of benefits to which the adult is entitled. 6. Treatment: diagnosis assessment, outpatient, inpatient, crisis/emergency, homeless outreach, crisis stabilization, assertive community treatment, day activities, rehabilitation, community-based interventions, intensive day treatment, community support, peer supports, medication somatic treatment and other services included in the Department's Services Plan, are provided in a manner that matches the needs and preferences of the adult, and with the adult included in the assessment and treatment planning process for each of the services listed above. 7. Service System Capacity: processes are in place for implementing Department standards for continuity and coordination of care, emergent, urgent and routine response, treatment planning and other Department service-related standards. e. The scoring methodology will allow aggregation of the data collected.	

EXIT CRITERIA	GENERAL METHODOLOGY FOR MEASUREMENT	REQUIRED PERFORMANCE LEVELS
4. Demonstrated System Performance		
Penetration Rates		
Demonstrated provision of service to children and adolescents (0-17)	The percentage of each District sub-population served by the system shall be measured.	5%
Demonstrated provision of service to children with serious emotional disturbances	Same as above.	3%
Demonstrated provision of service to adults (age 18 and over)	Same as above.	3%
Demonstrated provision of service to adults with serious mental illness	Same as above.	2%
Specialized Services for Adults		
Demonstrated provision of supported housing for adults with serious mental illness who have been assessed as needing supported housing and have been referred to receive this service.	The number of adults (age 18 and over) with serious mental illness served by DMH who have received within a given time period the identified services will be measured as a percentage of the total number of adults with serious mental illness served in the community who have been referred to receive this service.	70% of persons referred for supported housing will receive supported housing within 45 calendar days of the referral.
Demonstrated provision of supported employment (programs which provide ongoing supports so that individuals are employed in socially integrated settings with non-handicapped persons who are not paid care givers and for which individuals receive competitive wages) for adults with serious mental illness and who have been assessed as needing supported employment and have been referred to receive this service.	Same as above.	70% of persons referred for supported employment will receive supported employment within 120 calendar days of the referral.
Demonstrated provision of assertive community	Same as above.	85% of persons referred for ACT services will receive

treatment for adults with serious mental illness who have been assessed as needing assertive community treatment and have been referred to receive this service.		ACT services within 45 calendar days of the referral.
Demonstrated provision of newer generation anti-psychotic medications for adults with schizophrenia (utilizing DMH standards for clinical practice and medication administration)	The number of adults with a DSM IV diagnosis of schizophrenia who have received during a given time period one of the newer generation anti-psychotic medications (ziprasidone, clozapine, olanzapine, quetiapine, risperidone, and any additional FDA-approved anti-psychotic medications that come on the market during the monitoring period) will be measured as a percentage of the total number of adults with schizophrenia in the community served during the same time period.	70% of adults served by DMH with a DSM IV diagnosis of schizophrenia will be prescribed newer generation medications.
Demonstrated provision of services to adults who are chronically homeless and seriously mentally ill.	The number of adult persons served by DMH identified as chronically homeless and seriously mentally will be measured.	One hundred and fifty (150) individuals identified as chronically homeless and seriously mentally ill will be engaged by a DMH approved provider in its Housing First Initiative and DMH will demonstrate the implementation of a comprehensive strategy to engage and serve persons who are seriously mentally ill and temporarily or chronically homeless.
Specialized Services for Children/Youth and Families		
Demonstrated provision of services to children/youth (with serious emotional disturbance) in natural settings (home, school and other community- integrated settings (e.g. churches, youth centers, recreational settings, etc.)).	The number of children/youth with serious emotional disturbance who receive services in various natural settings will be measured as a percentage of the total number of children/youth with serious emotional disturbance served by the DMH for the same period.	75% of all children/youth served by DMH with SED will have received a service in a natural setting. This measurement will not occur until DMH has achieved a penetration rate for SED children/youth of at least 2.5%.
Demonstrated support for children/youth with serious emotional disturbance to live in their own home or surrogate home.	The number of DMH-served children/youth with serious emotional disturbance who live in their own home or surrogate home will be measured as a percentage of the total number of SED children and youth served by DMH for the same period.	85% of all children/youth served by DMH with SED will be living in their own home or a surrogate home. This measurement will not occur until DMH has achieved a penetration rate for SED

		children/youth of at least 2.5%.
Demonstrated provision of services to children/ youth who are homeless.	DMH-served children/youth who are homeless will be measured as a percentage of the total number of District children/youth who are homeless.	One hundred (100) children/youth identified as homeless will be engaged by a DMH approved provider and DMH will demonstrate the implementation of a comprehensive strategy to engage and serve children/youth who are temporarily or chronically homeless.
Demonstrated Continuity of Care Upon Discharge from Inpatient Facilities	The percentage of DMH consumers (calculated separately for adults and children/youth) discharged from an inpatient unit who are seen in a non-emergency outpatient setting within seven days of discharge will be determined.	80% of known discharges from an inpatient psychiatric hospital (St. Elizabeths or Community Hospital) will have a non-emergency contact within seven calendar days. This percentage is for both children/youth and adults.
Demonstrated Efficient Use of Resources		
Demonstrated increase in the percentage of total resources directed toward community-based services.	The dollars expended for community services (Department-run and contracted) will be measured as a percentage of the total DMH expenses for the same period.	60% of the total annual DMH expenditures will be directed toward community-based services.
Demonstrated maximization of use of Medicaid funding to support community-based services.	The Medicaid reimbursement dollars for DMH (Federal dollars only) will be measured as a percentage of total community-based MHRS billings for Medicaid-approved services.	49% of total MHRS billings for community services (Medicaid-approved services) will be reimbursed by Federal Medicaid dollars.

3. Exit Criteria Operational Definitions:

EXIT CRITERIA
PERFORMANCE INDICATORS
Operational Definitions

1. Penetration rate to demonstrate provision of service to children and adolescents.

Operational Definition: **The number of enrolled children and adolescents (ages 0-17) with a mental health diagnosis who received at least one provided service as a percentage of the D.C. population, ages 0-17.**

Mental health diagnosis:	The first (or initial) DSM-IV diagnosis in the reporting period.
Age:	For a person turning 18 during the reporting period, the age at the first encounter during the period will be used for reporting purposes.
Enrolled:	Enrolled in the Department's community services enrollment and payment systems.
Served:	Received a MHRS service (including assessment) or inpatient service or a residential service during the period. The DMH may submit for potential inclusion persons who are provided mental health services in the District and for whom the DMH has direct or shared responsibility. The Court Monitor will evaluate any such requests to assess the inclusion of consumers in the DMH system of care. Key issues are DMH authority, the nature of services provided, the oversight of providers and other relevant issues.
DC Population:	U.S. Census Population Estimate for the calendar year (or latest data available).
TARGET:	**5% in the aggregate for one full year*. (Based upon the July 2002 Census Bureau figures this 5% target would be 5,600 children/ youth. The actual number will be adjusted in future periods based upon revised Census Bureau population estimates.)**

2. Penetration rate to demonstrate provision of service to children with serious emotional disturbances.

Operational Definition:	**The number of enrolled children and adolescents (ages 0-17) with a primary mental health diagnosis of 295-297.1, 298.9, 300.4, 309.81, 311, 312.8-9, 313.81, and 314 who received at least one provided service as a percentage of the D.C. population, ages 0-17.**
Mental health diagnosis:	The first (or initial) DSM-IV diagnosis in the reporting period.
Age:	For a person turning 18 during the reporting period, the age at the first encounter during the period will be used for reporting purposes.
Enrolled:	Enrolled in the Department's community services enrollment and payment systems.

Served:	Received a MHRS service (including assessment services) or an inpatient service or a residential service during the period.
DC Population:	U.S. Census Population Estimate for the calendar year.
TARGET:	**3% in the aggregate for one full year* (Based upon the July 2002 Census Bureau figures, this 3% target would be 3,360 children/youth with SED. The actual number will be adjusted in future periods based upon revised Census Bureau population estimates.)**

3. Penetration rate to demonstrate the provision of services to adults (ages 18 and over).

Operational Definition:	**The number of enrolled adults (18 and over) with a mental health diagnosis who received at least one provided service as a percentage of the D.C. population, 18 and over.**
Mental health diagnosis:	The first (or initial) DSM-IV diagnosis in the reporting period.
Age:	For a person turning 18 during the reporting period, the age at the first encounter during the period will be used for reporting purposes.
Enrolled:	Enrolled in the Department's community services enrollment and payment systems.
Served:	Received a MHRS service or an inpatient service or a residential service during the period. The DMH may submit for potential inclusion other persons who are provided mental health services in the District and for whom the DMH has direct responsibility. The Court Monitor will evaluate any such requests to assess the key issues of DMH authority, the nature of services provided, the oversight of providers and other relevant issues.
DC Population:	U.S. Census Population Estimate for the calendar year.
TARGET:	**3% in the aggregate for one full year* (Based upon the July 2002 Census Bureau figures, this 3% target would be 13,760 adults. The actual number will be adjusted in future periods based upon revised Census Bureau population estimates.)**

4. Penetration rate to demonstrate provision of services to adults (ages 18 and over) with serious mental illness.

Operational Definition:	**The number of enrolled adults (18 and over) with a primary mental health diagnosis of 295-297.1, 298.9, 300.4, 309.81, 311 who received at least one provided service as a percentage of the D.C. population, 18 and over.**
Mental health diagnosis:	The first (or initial) DSM-IV diagnosis in the reporting period.
Age:	For a person turning 18 during the reporting period, the age at the first encounter during the period will be used for reporting purposes.
Enrolled:	Enrolled in the Department's community services enrollment and payment systems.
Served:	Received a MHRS service or an inpatient service or a residential service during the period.
DC Population:	U.S. Census Population Estimate for the calendar year.
TARGET:	**2% in the aggregate for one full year* (Based upon the July 2002 Census Bureau figures, this 2% target would be 9,175 adults with SMI. The actual number will be adjusted in future periods based upon revised Census Bureau population estimates.)**

5. **Proportion of adults with serious mental illness referred to supported housing who received supported housing within 45 calendar days of referral.**

Operational Definition: The number of adults (aged 18 and over) with serious mental illness served within the reporting period who are placed in a supported housing program within 45 days of referral as a percentage of all adults with serious mental illness referred for supported housing services during the reporting period.

Age: For a person turning 18 during the reporting period, the age at the first encounter during the reporting period will be used for reporting purposes.

Diagnosis: The first (or initial) DSM IV diagnosis in the reporting period.

Supported Housing:	Service, supports and less than 24-hour supervision that help consumers obtain and/or maintain safe, decent, affordable and permanent housing that is their home; services improve residential stability and community tenure and help consumers fulfill their rights and responsibilities as tenants. Included are DMH consumers living in an apartment or home and /or consumers receiving DMH rental subsidies where in-home supports are provided in the home.
Persons Referred To Supported Housing:	Persons identified as needing supported housing using designated procedures during the reporting period.
Persons Placed In Housing Program Within 45 Days:	Persons placed in a supported housing program within 45 days of referral. The key elements of being in a program must be met – including active engagement by the client, and demonstrated staff effort to help client obtain (or maintain) supported housing.
Referral Date:	Currently tracked manually, will be tracked electronically on enrollment and payment systems.
Placement Date:	Currently tracked manually, will be tracked electronically on enrollment and payment systems.
Target:	**In the aggregate for one full year* 70% of persons referred will be placed in a supported housing program within 45 calendar days of referral.**

6. Proportion of adults with serious mental illness referred to supported employment who receive supported employment within 120 calendar days of referral.

Operational Definition:	**The number of adults (aged 18 and over) with serious mental illness served within the reporting period who are placed in a supported employment program within 120 days of referral as a percentage of all adults with serious mental illness referred for supported employment services during the reporting period.**
Age:	For a person turning 18 during the reporting period, the age at the first encounter during the reporting period will be used for reporting purposes.
Diagnosis:	The first (or initial) DSM IV diagnosis in the reporting period.
Supported Employment:	A part-time or full-time work situation in which a consumer receives supports in a competitive employment setting and in which the person earns at least the minimum wage. Supports shall include on-going work-based vocational assessments, job development, job placement, job coaching, transportation, crisis intervention, development of natural supports and follow up for each consumer including offering job options that are diverse and permanent.
Referred to Supported Employment:	Persons identified as needing supported employment using designated procedures during the reporting period.
Persons Placed in Program Within 120 Days	Persons placed in supported employment program within 120 days of referral. The key elements of being in a program must be met – including active engagement by the client and demonstrated staff effort to help client obtain (or maintain) supported employment.
Supported Employment Referral Date:	Obtained manually initially, then electronically from enrollment and payment systems.
Employment Placement Date:	Obtained manually initially, then electronically from enrollment and payment systems.

Target:	**In the aggregate for one full year* 70% of those referred will be supported in a competitive employment program within 120 calendar days of referral.**

7. Proportion of adults with serious mental illness referred for ACT services who received ACT services within 45 calendar days.

Operational Definition:	**The number of adults (aged 18 and over) with serious mental illness served within the reporting period who received assertive community treatment within 45 days of referral as a percentage of all adults with serious mental illness referred for assertive community treatment during the reporting period.**
ACT:	ACT is an intensive, integrated, rehabilitative, crisis, treatment and community support service provided to adult consumers with serious mental illness by an interdisciplinary team, with dedicated staff time and specific staff to consumer ratios. Service coverage by the ACT team is required 24 hours per day, seven (7) days per week.
Persons Referred For ACT Services:	Persons identified as needing ACT services using designated procedures during the reporting period
Persons Placed In ACT Services Within 45 Days:	Persons receiving ACT services within 45 days of referral.
Referral Date:	Obtained manually initially, then electronically from enrollment and payment systems.
Placement Date:	Obtain manually initially, then electronically from enrollment and payment systems.

Target: In the aggregate for one full year* 85% of persons referred to ACT services will receive ACT services within 45 days of referral.

8. Proportion of adults with a primary diagnosis of schizophrenia receiving new generation antipsychotic medications in community settings during the reporting period.

Operational Definition:	**The number of adults (age 18 and over) with a primary diagnosis of schizophrenia served during the reporting period who received new generation antipsychotic medications as a percentage of all adults with a primary diagnosis of schizophrenia served during the reporting period.**
New Generation Antipsychotic Medications:	Ziprasidone, Clozapine, Olanzapine, Quietapine, Risperidone, and any other new FDA-approved antipsychotic medication.

"Receiving":	Documentation that consumers are getting their prescriptions filled for the new generation meds. Information sources will include (as necessary) both DMH and Medicaid data systems.
Target:	**In the aggregate for one full year* 70% of adults with schizophrenia served will be receiving new generation antipsychotic medications.**

9. Provision of services to adults who are chronically homeless and seriously mentally ill.

Operational Definition:	**The number of adults with serious mental illness who are homeless who were engaged by a DMH approved provider during the reporting period.**
Diagnosis:	The first (or initial) DSM-IV diagnosis in the reporting period.
Homeless:	Persons who are homeless as defined by the federal HUD definition of living in the streets, shelters, alleyways, and other places unfit for human habitation; and have an Axis I or Axis II mental illness or co-occurring mental illness and substance abuse disorder that meets the definition of the DMH target population for serious mental illness (SMI).
Target:	**In the aggregate for one full year* 150 adults who are homeless and seriously mentally ill will be engaged.**

10. Proportion of children/adolescents with SED receiving services in natural settings during the reporting period.

Operational Definition:	**The number of children and adolescents (0-17) with serious emotional disturbances who received services in natural settings in the reporting period as a percentage of all children and adolescents with serious emotional disturbances served during the reporting period.**
Age:	For a person turning 18 during the reporting period, the age at the first encounter during the reporting period will be used for reporting purposes.
Diagnosis:	The first (or initial) DSM-IV diagnosis in the reporting period.
Children and Adolescents With Serious Emotional Disturbances:	Enrolled children and adolescents with a primary diagnosis of 295-297.1, 298.9, 300.4, 309.81, 311, 312.8-9, 313.81, and 314.
Natural Settings:	Home, school, church, youth center, recreational settings (Place-of-service-codes will be developed to distinguish natural settings from other settings).
Target:	**In the aggregate for one full year* 75% of all children with SED will have received a service in a natural setting.**

11. Proportion of children/adolescents served with SED who live in their own home (or surrogate home) during reporting period.

Operational Definition: The number of children and adolescents with SED served during the reporting period living in their own or surrogate home as a percentage of all children and adolescents with SED served during the reporting period.

Age: For a person turning 18 during the reporting period, the age at the first encounter during the reporting period will be used for reporting purposes.

Diagnosis: The first (or initial) DSM-IV diagnosis in the reporting period.

Children and Adolescents With Serious Emotional Disturbances: Enrolled children and adolescents with a primary diagnosis of 295-297.1, 298.9, 300.4, 309.81, 311, 312.8-9, 313.81, and 314.

Own home/ Surrogate home: Manually initially, then electronically.

Target: In the aggregate for one full year* 85% of all children/youth with SED served will be living in their own home or surrogate home.

12. Provision of services to children and adolescents who are homeless.

Operational Definition: The number of children and adolescents who were homeless during the reporting period who were engaged by a DMH approved provider.

Homeless: Persons who are homeless as defined by the District through the Community Partnership for the Homeless.

Target: In the aggregate for one full year* 100 children and adolescents who are homeless will be engaged.

13. Follow-up in the community within seven days after inpatient discharge.

Operational definition: Percentage of all known inpatient discharges during the quarter who received a documented non-emergency service from a CSA/provider within 7 days of discharge.

Inpatient: All psychiatric inpatient services provided to persons enrolled in the Department's community services enrollment and payment systems.

Discharges: Known discharges to the community as part of the hospital's defined discharge process. This does not include AWOL, leave, etc.

Follow-up: Follow up is a documented community-based non-emergency, non-residential service performed by CSA or designee.

7 days: Services must be provided by the end of the seventh calendar day, not counting the day of discharge.

TARGET: 80% of children discharged and 80% of adults discharged in the aggregate for one full year*

14. Demonstrated increase in proportion of total resources directed to community services.

Operational Definition: Annual community services expenditures as a percentage of total DMH expenditures.

Total Resources: The total expenses for DMH during a given fiscal year, as documented by the end of year independent audit.

Expenditures on Community Services: Community services expenditures will include all DMH expenses for community service providers plus the documented proportion of authority expenses that are spent on community services.

Reporting Period: The annual DMH fiscal year.

Target: 60% of the total DMH expenditures for one full fiscal year will be directed toward community-based services.

15. Demonstrated maximization of use of Medicaid funding to support community-based services.

Operational definition: Federal Medicaid dollars as a percentage of total MHRS billings for Medicaid-approved community services.

Community-based MHRS Billings: The total documented MHRS billings for all Medicaid approved services for an annual period.

Medicaid Reimbursement: The federal portion of reimbursement as documented and received by DMH.

Reporting Period: The annual DMH fiscal year.

Target: For one full year* 49% of total MHRS billings for community services (Medicaid-approved services) will be reimbursed by Federal Medicaid dollars.

* For the purposes of this document the term "for one full year" means any four consecutive quarters. The term "aggregate" means that defendants' cumulative performance over the four consecutive quarters counts toward meeting the target level; it also counts in determining whether defendants' performance has fallen substantially below a required performance level. The following example pertaining to the first criterion is meant to illustrate the meaning of these terms: Assume defendants serve 4,600 children in one quarter; 4,700 children, including 200 new children, in the second quarter; 4,900 children, including 300 more new children, in the third quarter; and 5,100, including 400 more new children, in the fourth quarter. Given an annual target of 5,600 children, defendants would not achieve compliance with this criterion because they would have served an aggregate of only 5,500 individuals (unduplicated count of 4,600 + 200 + 300 + 400 children). However, if in the very next quarter defendants serve 5,200 children, including 200 more new children, they would achieve compliance by having served an aggregate of 5,600 individuals over the last four quarters (unduplicated count of 4,700 + 300 + 400 + 200).